UNION HEALTH CENTER

Triennial Report

1944-1946

TRIENNIAL REPORT

OF THE

UNION HEALTH CENTER

INTERNATIONAL LADIES GARMENT WORKERS' UNION

1944-1946

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275 SEVENTH AVENUE NEW YORK

UNION HEALTH CENTER

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UNION HEALTH CENTER BUILDING

INTRODUCTION

The 1946 Report, covering the three-year period between ILGWU Conventions, records a time of unsurpassed expansion of the Union Health Center. The war epoch, which caused full industrial employment plus anti-inflationary measures on the part of the government, stimulated trade union activity in the field of social gains. The ILGWU succeeded in including in its union contracts employer contributions for health and vacation benefits for its members. Between 1943 and 1947 most of the local unions in New York City had acquired such benefits.

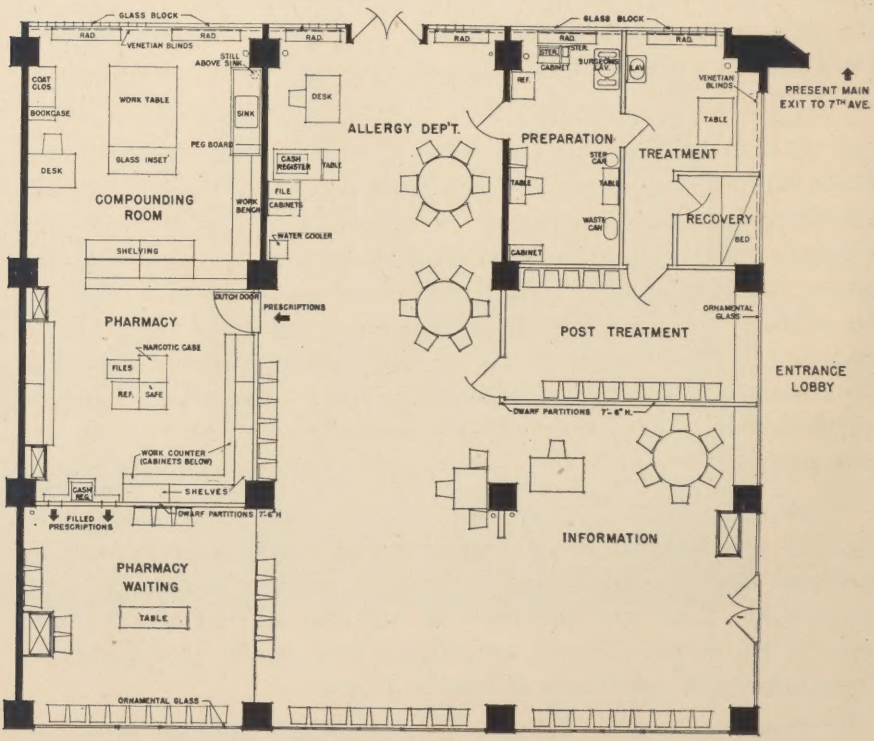
The Union Health Center had given ambulatory medical care to ILGWU members for many years on a low-cost subsidized basis. As more and more union members obtained prepaid medical services from their union, the demand for the work of the Center steadily increased. Serious shortages of materials and space made adequate expansion impossible during wartime. In addition, a shortage of trained personnel developed upon military demands for doctors and other trained medical workers. In common with other institutions, the Union Health Center experienced a grave problem of turnover among all its employees.

As these difficulties developed, worker-patients came to the Center in ever-increasing numbers and tried to obtain their medical services only after the working day, between 5:00 and 7:00 P.M. The concentration of demand during this limited period burdened Center employees and made it difficult to maintain high standards of medical care.

Planning was undertaken to reach some concept of an enlarged medical program. However, to develop a prepaid medical

service literally overnight for 170,000 people in limited space and with so little personnel and equipment could not be done. A task of such magnitude requires much time and considerable thought.

The announcement of a program for physical expansion and the purchase of the 27 story building in which the Center is housed, encouraged the hope of a future solution of some of these problems. Although lack of material and other obstacles to construction delayed the program, an enlarged and modernized Union Health Center is underway. Completion of the ground floor unit in September 1946, where the Pharmacy and the Allergy Clinic are situated, provided some relief from congestion. The 23rd and 24th floor medical units are opening as this report goes to press.



INFORMATION, PHARMACY & ALLERGY DEP'T.

MEDICAL WORK OF THE UNION HEALTH CENTER

When the Union Health Center started in 1916, medical services were limited to the amount of work a general medical doctor could do with the aid of his stethoscope and his medical knowledge. Based on the comparatively low costs prevalent in 1916, the charge to the patient for the advice and treatment the doctor could give him was $1. for each visit.

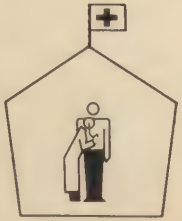
The medical services provided by the Center have advanced with the great strides made in modern medicine. Today the Union Health Center patient not only receives the general physical examination by the medical doctor, he also receives a routine blood test, hemoglobin, urinalysis, and in most cases, a chest x-ray. The doctor is not limited by the equipment he can carry with him, as in 1916. Today the Center provides up-to-the-minute instruments in the laboratory, the basal metabolism and electrocardiograph rooms and in the x-ray department to appraise a patient's physical condition.

The general medical doctor can also call upon a staff of specialists in eighteen different fields of medicine in the Center when his examination uncovers special conditions deserving additional opinions. Obscure conditions have less chance of being overlooked with the well-staffed and equipped institution. Yet the basic cost for this thorough examination is still the same $1. rate which was established in 1916 — although a patient is seldom limited to the examination of the general medical physician.

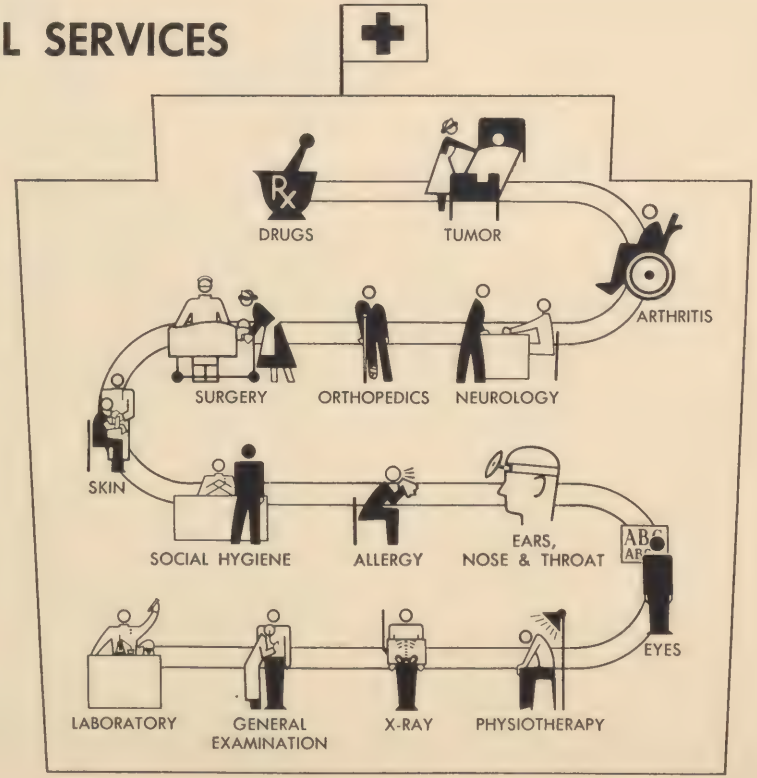
COMPARATIVE MEDICAL SERVICES 1916–1946

1916—Initial Visit to Clinic—One general examination.
Subsequent visits were to the same physician.

1946—Initial Visit to Clinic — General examination plus 3 routine diagnostic tests.
Subsequent visits may be to one or more of the many specialty clinics.



THEN 7,226 SERVICES



NOW 207,886 SERVICES

In 1916 each hundred workers paid $1. apiece for a general medical examination. In 1946 each hundred workers still paid $1. apiece for a visit but in almost every instance the composite examination included the basic physical examination, laboratory tests, x-ray tests, physical therapy treatments and medical service in specialty clinics.

Administration of the Institution

Problems commonly found in large medical organizations have confronted the Union Health Center since the increased demand for service necessitated the employment of a large staff. The administration of the Center became more complex with the development of additional services and the control of widely different types of sickness insurance with varied indemnity features.

The staff of the Center numbers about 150 employees, not including physicians, with over 100 clerical, administrative and maintenance workers, 25 nurses, 20 special technicians and 4 pharmacists. The Center is open 55 hours weekly, but the staff works on a 39 hour week, requiring careful scheduling to make sure that all clinics are completely staffed. Two separate unions function on behalf of Center employees, one for clerical workers and one for nurses and technicians.

There is a need for exchanges of medical reports between hospitals and insurance companies and private physicians. There are frequent requests by patients for advice or service from Center doctors, outside of the regular clinic session, as well as constant adjustments in registration, appointments, medical records and library work that necessitate constant medical administrative supervision.

Ten full time medical officers work at the Center every day, performing medical administration duties as well as professional medical work. A staff of about 100 physicians comes in and out of the institution at different hours, and correlation between departments requires a trained medical administrative personnel.

Extent of Services

The Center furnished 82,657 more services in 1946 than in 1944, an increase of 66%. Except in the number of applicant examinations done, enlargement took place in every phase of

clinic operation—and this at a time when few doctors were available and medical supplies for civilian use were very difficult to obtain. At least fifteen specialty clinics functioned at all times during these years. At times it was found necessary to drop a specialty clinic when specialists could not be secured, but these clinics were reopened as soon as circumstances permitted.

Specialties

The eye department has always been a most active specialty service. In 1945 a definite impetus was given to this service because employer contributions permitted certain locals to offer a special benefit of eye examinations and eyeglasses to their members. Workers in this needle trade, where close work is the rule, depend upon their eyes for their livelihood. The offer of eye care met with enthusiastic response and members of the union lost no time in taking advantage of it. The extent of the demand for eye service exceeded the capacity of the Center. Readjustments of the space available made it possible for more eye doctors to work at the Center, but expansion was limited by the number of rooms which could be set aside in an already crowded institution. Eighty-six per cent more eye services were given in 1946 than in 1944. An increase to this extent was only possible because patients were willing to come to the clinic during less crowded morning and afternoon hours for eye examinations.

Arthritis is another specialty service for which there is constant and growing demand. Garment workers in the old age group have long histories of aches and pains of arthritic or rheumatic origin. The difficulty of alleviating these conditions often necessitates frequent treatments over a long period of time, so that the clinic is always crowded. A variety of recognized methods of treatment have been instituted in this department and careful evaluation of the results obtained seems to indicate that the service is helpful to the patients.

The Hay Fever clinic gives service from April to October because many hundreds of workers suffer from hay fever attacks during these months. Allergy clinics function throughout the year to desensitize workers afflicted with perennial allergic conditions. The location of this service in the lobby section of the

UNION HEALTH CENTER TABLE 1

MEDICAL SERVICES, IN ORDER OF AMOUNT OF SERVICE RENDERED—1944-1946

MEDICAL OR RELATED SERVICES	Number of Services			Percentage Distribution of Services 1946
	1946	1945	1944	
Total Clinics and Departments	207,886	164,636	125,229	100.0
General Medical Clinic	61,275	48,375	36,342	29.4
Specialty Clinics	63,581	51,386	42,208	30.6
Eye	16,040	14,636	8,689	7.7
Hay Fever	13,601	12,500	11,423	6.6
Allergy	8,418	7,040	5,803	4.0
Ear, Nose and Throat	5,657	4,348	4,001	2.7
Arthritis	3,494	1,972	2,595	1.7
Genito-Urinary	3,142	2,774	2,707	1.5
Social Hygiene	3,054	1,488	1,194	1.5
Dermatology	2,428	1,944	1,785	1.1
Orthopedics	2,232	1,741	1,007	1.1
Peripheral-Vascular	1,663	1,097	1,098	0.8
Proctology	1,663	1,012	1,049	0.8
Chest	1,218	.....	.....	0.6
Neurology	577	353	240	0.3
Tumor	291	184	193	0.1
Gastro-Intestinal	103	195	242	0.1
Supplementary Clinics	.....	102	182	.....
Consultations	1,649	1,295	880	0.8
Surgical	839	647	377	0.4
Physiotherapy	705	488	503	0.3
Genito-Urinary	105	160	.....	0.1
Sick Benefit Dist. Cert.	15,623	11,640	8,370	7.5
Applicants	3,034	3,796	11,165	1.5
Administrative Services	2,705	841	(a)	1.3
Diagnostic Departments	35,483	28,989	13,616	17.1
Laboratory	21,593	18,276	7,703	10.4
X-ray	9,442	6,119	3,719	4.5
Electrocardiography	3,005	2,161	1,249	1.4
Basal Metabolism	1,278	851	882	0.7
Audiometry	111	77	63	0.1
Fluoroscopy	54	.....	.....	0.0
Telebinocular	.....	1,505	.....	0.0
Therapy Departments	24,478	18,255	12,502	11.8
Physical Therapy	17,831	14,846	10,124	8.5
Injection Therapy	6,647	3,409	2,378	3.2
Miscellaneous	58	59	116	0.0
Mass Chest X-ray	3,745	4,702	.....	.....
Optical Services	6,761	8,118	1,649*	.....
Drug Prescriptions	63,544	48,129	38,954	.....

(a) In 1944, Administrative Services included in General Medical Clinic. *July-Dec. only.
Note: Sick Benefit Office Certifications included in services.

Center makes it easier for patients to get in and out of the building and relieves elevator traffic to the upper floors.

The Ear, Nose and Throat department handles many cases each week, especially during cold weather when acute upper respiratory conditions are most prevalent. The demand for service in this department increased the number of doctor hours allocated to ENT work from 734 hours in 1943 to 1131 hours in 1946. More doctors could give service at the Center because patients were willing to attend the clinic during the day hours when space was available for this work. The recent addition of penicillin aerosol therapy was instituted to keep abreast of new and changing therapeutic procedures.

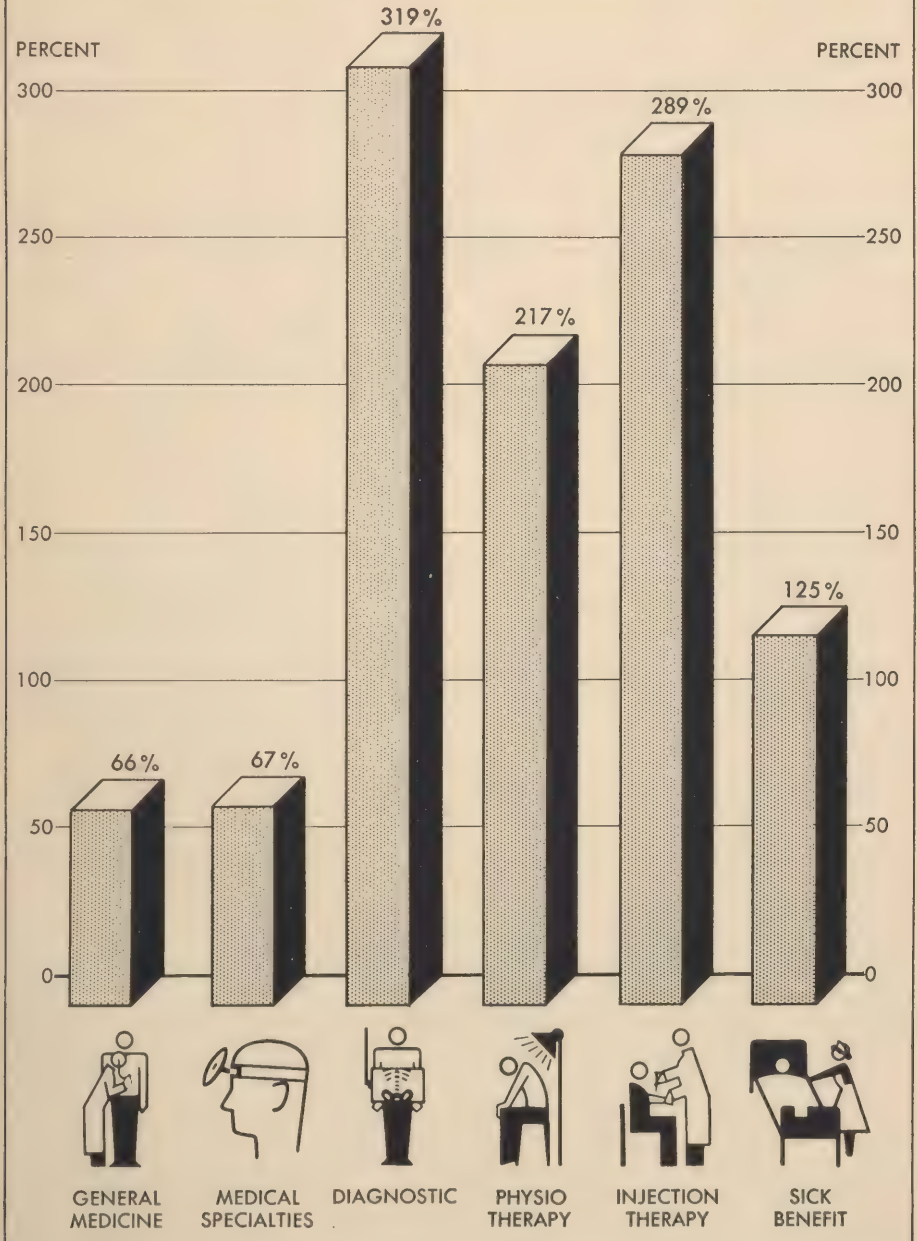
One of the most marked increases in any Center service between 1942 and 1946 occurred in Physical Therapy. Prepaid medical programs removed the financial deterrent from ILGWU members who felt benefited by series of treatments to reduce pain or relieve partial disability. Although it was not possible to obtain additional treatment rooms, patients developed a habit of coming to the Center during lunch hours for electrical therapy and in this way far more patients were able to take advantage of the physical therapeutic facilities.

Other specialty clinics increased proportionately as may be observed from Table 2. The amount of medical services furnished in 1946 does not reflect the total demand for service because limitations of space and personnel did not permit the institution to satisfy the total demand for service by ILGWU members.

Diagnostic Services

The diagnostic services (laboratory, x-ray, electrocardiograph, basal metabolism rates) increased with the growth of the prepaid health programs. Diagnostic services are always costly, even at the low subsidized rates of the Center, and often inflict a financial hardship upon the patients who might have to forego this phase of medical investigation.

INCREASE IN SERVICES 1942—1946



PICTOGRAPH CORPORATION

UNION HEALTH CENTER TABLE 2

COMPARISON OF SERVICES
1942-1946

MEDICAL OR RELATED SERVICE	Number of Services		Percentage Distribution		Per cent Increase 1942-1946
	1946	1942	1946	1942	
Total	207,886	111,289	100.0	100.0	+ 87
General Medicine	46,176	27,893	22.2	25.0	+ 66
Medical Specialties	63,457	38,105	30.5	34.3	+ 67
Diagnostic	34,908	8,331	16.8	7.4	+319
Laboratory	21,295	4,290	10.2	3.8	+396
X-ray	9,210	2,293	4.5	2.1	+302
Electrocardiography	2,971	909	1.4	0.8	+227
Basal Metabolism	1,269	773	0.6	0.7	+ 64
Other Diagnostic	163	66	0.1	0.0	+147
Physiotherapy	17,831	5,626	8.6	5.1	+217
Injection Therapy	6,647	2,299	3.2	2.1	+289
Sick Benefit	31,422	13,993	15.1	12.5	+125
Other*	7,445	15,042	3.6	13.6	− 51

* Other services include consultations, applicants, administrative and unknown.

In the past the medical policy of the Center in relation to diagnostic work has been conservative, trying to differentiate between medical curiosity and the medical necessity of complete investigation of the many problems of the chronic-invalid type of patient who comes to this institution. Prepaid medical service has made more extensive diagnostic examinations possible, to the satisfaction of the patient and the physician. With the removal of the burden of cost upon the patient, a more complete and thorough medical investigation occurs. Therefore the Center has now been able to diagnose more obscure and infrequent diseases. that were probably prevalent but undiscovered among the garment worker population in the past. Heretofore, with the restraint on the part of the physician because the patient resisted recommended procedures due to their cost, such diagnoses were not likely to be made early, at a time when the patient could be helped most.

A slight decline in Basal Metabolism between 1944 and 1945 indicated in Table 1 was due to the inability to secure instruments during the war period. Upon the arrival of new instruments in July, 1946 an increase in services rendered was recorded. Since the room in which the test is performed has a great influence upon its validity, and since properly constructed rooms are not yet available, this service does not function at highest efficiency.

In the X-ray department, additional personnel and rearrangement of space made it possible to give some additional services under unsatisfactory conditions in order to try to satisfy the demand. This was done at space sacrifices which lessened the comfort of the patients and the working personnel. Newly added facilities for therapy as well as diagnostic procedures, which will be available by late 1947, will enlarge this department and increase the amount of service which can be given. Expansion in service will require additional medical supervision and an increase in the medical staff.

ATTENDANCE

Seasonal fluctuations in the attendance at the Center may be observed in Table 3. The same general pattern of attendance by months is repeated annually between 1942 and 1946. Each year the number of services given in January exceeds the number given the month before, and each year the number of services rendered in any one month is larger than during that same month the previous year.

Attendance gradually rises during the first few months of each year, reaching a peak in the summer when hay fever treatments reach their height and garment workers in the slack season have more leisure time to spend in caring for their health. September of each year shows a decided drop in attendance at the Center, due to the beginning of the fall working season and the fact that religious and other holidays cut down the number of working days the Center is opened in that month. Attendance goes up again in October and continues on a fairly high level until the end of the year. See Chart 3.

In 1946 the rise in attendance was even more marked than during 1945, as more and more ILGWU members obtained prepaid medical care. The leveling-off in the record of services given by the year's end was less noticeable.

UNION HEALTH CENTER TABLE 3

TOTAL SERVICES, BY MONTH
1942-1946

MONTH	1946	1945	1944	1943	1942
Total	207,886	164,636	125,229	116,185	111,289
January	13,886	10,796	8,860	8,231	7,995
February	13,019	11,009	8,825	7,319	6,921
March	14,888	13,051	9,959	9,047	8,481
April	15,989	13,107	9,892	9,298	9,340
May	19,798	15,897	13,067	12,553	12,001
June	19,536	16,591	12,766	12,599	12,601
July	19,631	16,183	11,298	11,127	10,478
August	20,846	15,625	11,860	10,743	10,311
September	16,603	11,620	8,835	8,881	7,918
October	18,703	14,896	10,405	8,514	9,099
November	17,893	13,406	9,966	9,290	8,115
December	17,094	12,455	9,496	8,583	8,029

On Chart 3, which graphically depicts average daily attendance, horizontal lines show the amount of hay fever treatments while the vertical lines show all other medical and related services.

Attendance By the Different Local Unions

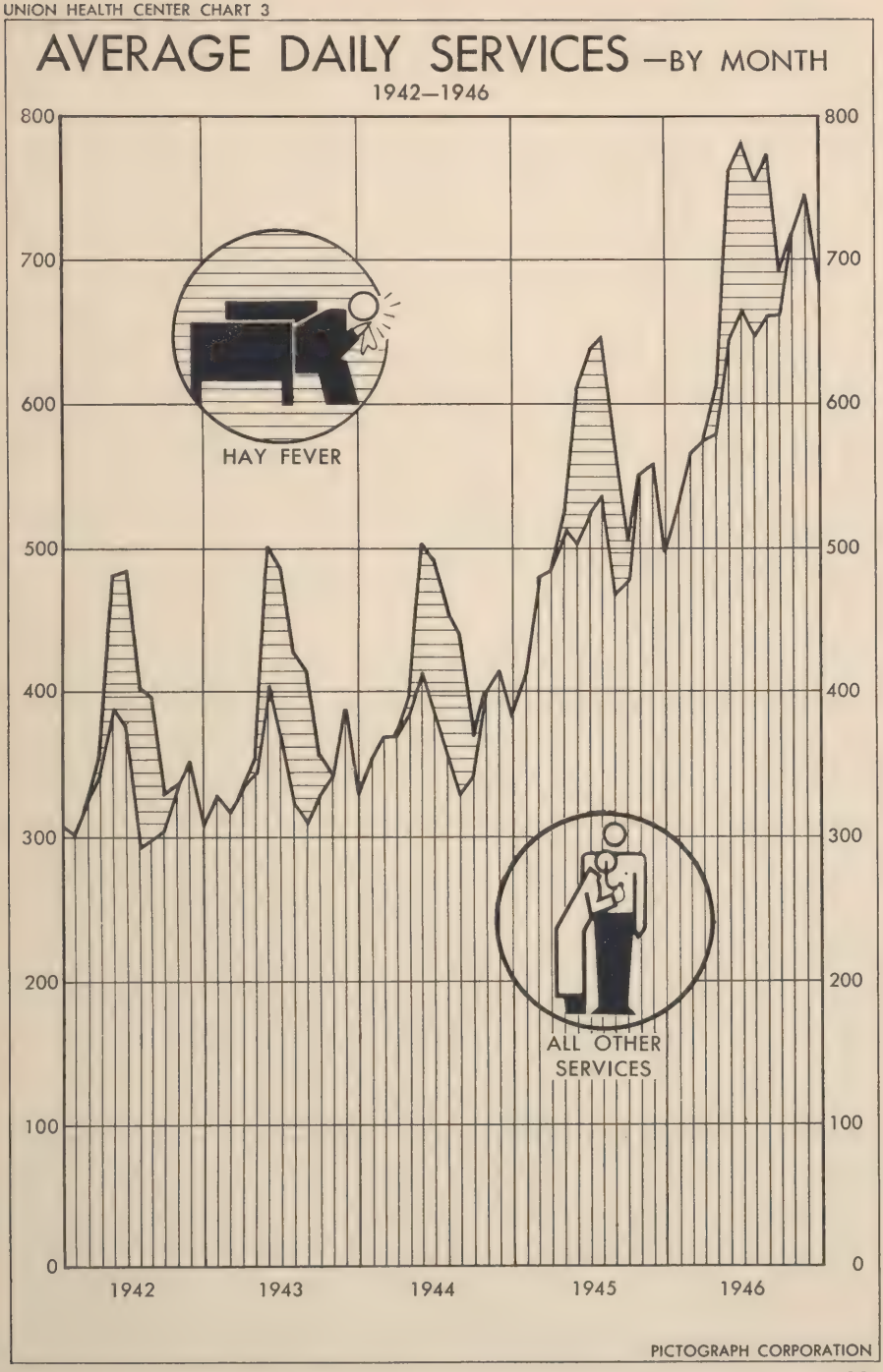
Use of Union Health Center services by local union members increased 105% between 1944 and 1946. The sharp rate of increase is especially clear in those locals which obtained prepaid medical service plans during that period. Observe in Table 4 the 290% increase in services to members of Local 35 who obtained a prepayment plan in July 1, 1945 with a membership contribution of $18. a year. Also observe the increase of 309% in Local 60, 231% in Local 89, and 181% in Local 22 which had their prepayment plans go into effect on January 1, 1945. On the other hand, locals which had obtained prepayment plans previous to 1944 maintained a relatively stable level of attendance. Local 66, for example, put its prepayment medical service plan into effect in 1943, and between 1944 and 1946 the increase in service reached only 25%. Local 91 which had had prepayment medical service in effect since 1936, showed no increase in the amount of services rendered its members in the 1944-1946 period.

Services to relatives of members dropped from 10% of all services in 1944 to 5.4% in 1946, because overcrowding by union members during peak evening sessions made it necessary to accept relatives only during day clinics.

The average number of services per patient, excluding applicant examinations and sickness certification, was 5.0 services in 1944, 4.9 in 1945 and 5.6 in 1946. This varied from a high of 8.1 in one local to a low of 3.2 services per patient member in another local union valid for comparison.

Greater use of the clinic was limited by the unavailability of facilities through inadequate space and personnel and the demand for service only during evening hours. This situation was particularly true during the war years when employment in the garment industry was more stable than in normal times.

UNION HEALTH CENTER CHART 3



SERVICES TO MEMBERS

1944-1946

LOCAL	Medical and Related Services			Per cent Increase 1944–1946	Services Per 1,000 Members			Per cent Increase 1944–1946
	1946	1945	1944		1946	1945	1944	
Total.....	163,508	125,847	79,591	+105	973	751	498	+ 95
9.....	3,079	3,020	2,943	+ 5	669	656	657	+ 2
10.....	5,481	3,815	3,807	+ 44	721	502	515	+ 40
20.....	712	532	487	+ 46	333	249	269	+ 24
22.....	69,026	53,515	24,593	+181	2,689	2,085	981	+174
23.....	3,931	2,841	1,147	+243	846	611	303	+179
25.....	3,316	1,728	1,121	+196	562	293	213	+164
30.....	52	11	13	+300	173	37	42	+312
32.....	4,234	2,362	1,495	+183	1,051	586	404	+160
35.....	6,129	4,868	1,571	+290	1,964	1,560	517	+280
38.....	598	326	545	+ 10	438	239	422	+ 4
40.....	1,885	620	677	+178	760	250	324	+135
48.....	754	565	744	+ 1	69	52	76	− 9
60.....	7,693	5,826	1,880	+309	2,781	2,106	670	+315
62.....	6,413	4,486	5,693	+ 13	452	316	410	+ 10
64.....	216	85	119	+ 82	831	327	418	+ 99
66.....	6,794	6,208	5,414	+ 25	1,135	1,037	1,221	− 7
82.....	244	246	201	+ 21	358	361	297	+ 21
89.....	18,161	13,373	5,495	+231	597	440	186	+221
91.....	7,836	6,456	7,993	− 2	804	662	716	+ 12
98.....	84	64	52	+ 62	132	101	114	+ 16
99.....	949	137	174	+445	378	55	70	+440
102.....	398	232	140	+184	421	246	147	+186
105.....	2,188	1,849	1,989	+ 10	588	497	639	− 8
117.....	8,649	8,418	8,989	− 4	920	896	988	− 7
124.....	8	.....	.....	.....	21	.....	.....	.....
132.....	200	234	200	0	74	86	65	+ 14
142.....	1,017	538	515	+ 97	206	109	121	+ 70
155.....	3,396	3,474	1,566	+117	581	594	293	+ 98
177.....	65	18	28	+132	478	132	222	+115

Note: Table *excludes* Applicants, Sick Benefit Certifications, Services to Relatives and non-members of N.Y.C. ILGWU locals, in addition to services for which local is not known—100 in 1946, 85 in 1945 and 3 for 1944.

Per membership rates are based on ILGWU Census—1944 rates as of Jan. 1, 1945, 1945 rates as of Jan. 1, 1946, and 1946 rates also as of Jan. 1, 1946.

MEDICAL ADMINISTRATION

The rapid growth of the demand for service made it necessary to give patients appointments in advance, sometimes for as long as several weeks. Patients with complaints which to them seemed emergencies requiring immediate medical consultation and union members with minor requests, like the renewal of medication, were dissatisfied to wait for weeks in order to have an appointment. To meet this problem a medical officer was assigned to be on duty at all times to take care of the immediate requests of the patients which could be satisfied.

It was found that one out of every ten patients coming to the Center made use of this service. Twenty-one per cent of the patients who saw the Administrative Physicians received reports on laboratory or x-ray examinations, or letters of all kinds ranging from reports to school physicians to affidavits concerning law suits; 17% of the patients applied directly for the renewal of prescriptions, 4% came for the discussion of their personal problems, such as the advisability of immunization or details of applying for a marriage license.

At least 50% of the patients seen by the Administrative Physicians were given medical advice or treatment and referred to general medical or specialty clinics. About 3% of the patients with whom the Administrative Physicians deal are real emergency cases, requiring medical care without delay, and at least half of these patients are hospitalized directly from the Center.

The Center, being an ambulatory clinic, cannot cope completely with emergency conditions requiring bed rest. The frequent appearance of emergency cases which should be hospitalized immediately brings forward the importance of providing improved hospital service for ILGWU members. Although community services have cooperated well, it is felt that an adequate solution to the problem will be found only when hospitalization facilities will be readily available to ILGWU members for all types of medical care.

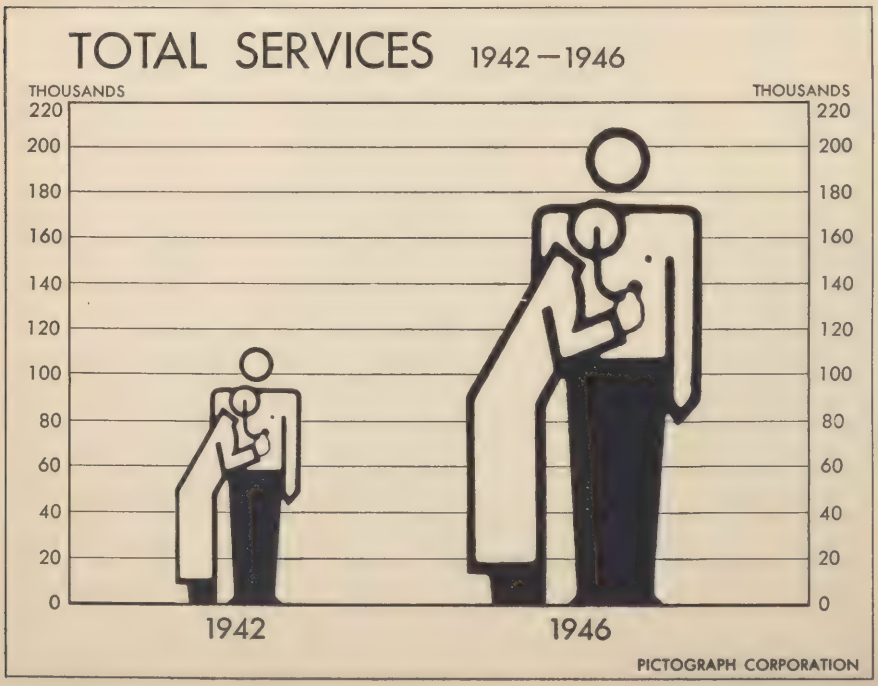
Medical Social Work

Medical social work has become an important part of every modern clinic, large and small, and the Union Health Center has found it necessary to add this needed medical auxiliary.

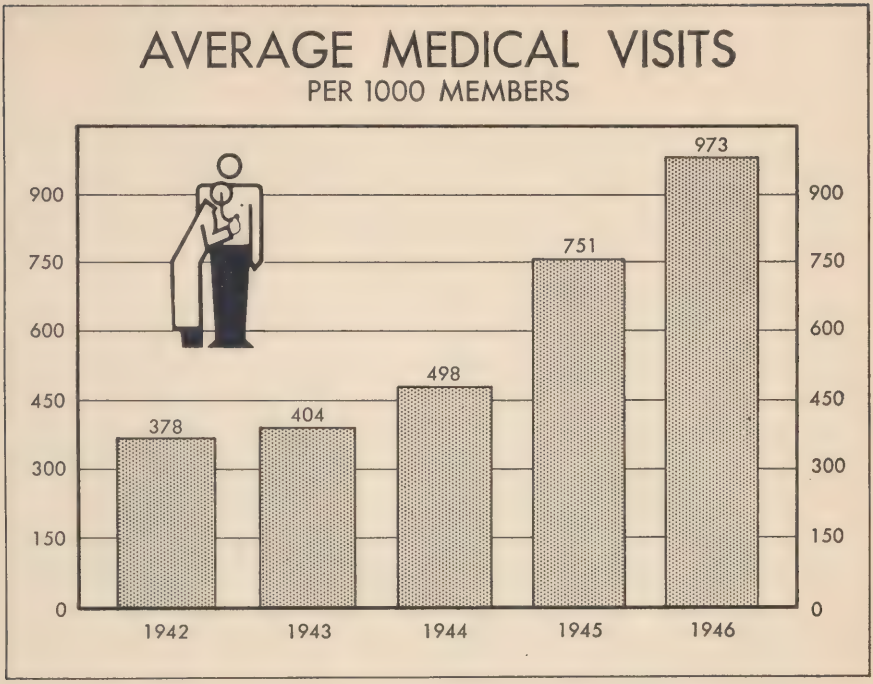
In the past the Center patients resisted any form of social service because they associated this work with the old-fashioned case work investigator whose invasion of private lives was distasteful. Nowadays a medical social worker is required in the clinic to provide many special personal and family services that patients need.

Referrals to hospitals, sanatoria, and convalescent homes must be done by someone thoroughly familiar with the facilities

UNION HEALTH CENTER CHART 4



UNION HEALTH CENTER CHART 5



of this area. Patients and their families need sympathetic guidance in supplying the information required by outside agencies before admission is possible. Consultation concerning operations, the selection of the hospital, and the type of service best suited to the patient-member are required. Financial medical estimates for the patient-member emphasize the possibility of a drain on his resources for the medical problem under consideration.

Clinic abuses difficult to avoid in large institutions, in which a patient may be referred from one department to another without obtaining complete satisfaction, can be averted by an appraisal of the exact extent of the patient's needs. The work of the physicians can be expedited by a summary of the environmental conditions, both industrial and domestic, which are part of the illnesses of many patients. In addition, the medical social worker may help develop a better clinic personnel through the teaching of the principles of the proper approach to patients' problems, so that the clinic may function more efficiently.

Nutrition Department

A very large number of patients attending the Union Health Center suffer from diabetes, obesity, malnutrition, lack of vitamin assimilation, gastro-intestinal and kidney problems, and a multiple of other medical dietary problems that require special attention.

In the short space of time the busy clinic physician spends with each patient it is impossible for him to give full instructions about diet to the satisfaction of present day standards. The necessity for simple explanations and careful reiteration and discussion of the diet instructions requires formalized services.

Also, explanation of the elements present in the diets, the preparation of foods, and the economic problems involved, all come within the province of a nutritionist. The field of nutrition is now part of the medical service of the Union Health Center, and a qualified dietitian has been assigned the task of supplementing the physicians' orders with personal help for the patient in his dietary needs.

Optical Department

At a meeting of the Union Health Center Committee on June 11, 1946, a decision was made to discontinue the operation of the Optical Manufacturing Department. The decision was reached because of the difficulties of operation and the fact that space in the building program alloted to optical service was considered more usefully employed in other expansion projects.

The Optical Department provided the patients of the Union Health Center with the highest quality lenses skillfully prescribed, accurately manufactured, and dispensed on studied standards of the special needs of the various crafts of the industry, at a cost much lower than similar quality could be secured elsewhere.

The need for optical service of this calibre remains a problem to be solved in the future. The Center as a medical institution cannot compromise with the visual needs of the workers in the garment industry. The worker's eye problems cannot be met by limited or incomplete examinations, nor by any methods of correction and treatment that do not concur

UNION HEALTH CENTER TABLE 5

TOTAL SERVICES TO MEMBERS AND RELATIVES AND SERVICES PER PATIENT

1944-1946

LOCAL	Total Patients			Services Per Patient			Per cent Increase 1944-1946	
	1946	1945	1944	1946	1945	1944	Patients	Total Service
9	679	656	664	4.8	4.8	5.0	+ 2	− 1
10	1,384	1,064	1,151	4.6	4.4	4.4	+ 20	+ 25
20	165	108	100	4.4	5.1	5.3	+ 65	+ 38
22	12,044	11,350	5,718	5.9	4.9	4.8	+111	+159
23	709	529	290	5.7	5.6	4.5	+144	+209
25	551	369	242	6.2	4.8	4.9	+128	+186
30	11	8	6	5.8	2.0	4.7	+ 83	+129
32	753	341	310	5.7	7.1	5.2	+143	+170
35	997	1,005	456	6.4	5.1	4.5	+119	+210
38	132	93	120	4.6	3.9	5.1	+ 10	+ 1
40	500	186	155	3.8	3.5	4.8	+223	+160
48	158	104	135	4.9	5.7	5.9	+ 17	− 4
60	1,557	1,406	509	5.2	4.4	4.6	+206	+242
62	1,066	863	932	6.1	5.3	6.4	+ 14	+ 9
64	50	21	22	5.1	4.1	6.1	+127	+ 90
66	1,209	1,174	883	5.8	5.4	6.5	+ 37	+ 23
82	57	52	47	4.5	5.1	4.6	+ 21	+ 19
89	3,260	2,985	1,337	5.7	4.6	4.4	+144	+214
91	1,321	1,289	1,294	6.1	5.1	6.4	+ 2	− 4
98	20	14	10	4.4	4.8	5.2	+100	+ 67
99	318	51	61	3.0	3.2	3.2	+421	+390
102	96	31	35	4.2	8.5	4.5	+174	+155
105	419	317	256	5.3	6.0	8.1	+ 64	+ 8
117	2,167	2,277	2,398	4.6	4.2	4.5	− 10	− 8
124	.....	.....	.....	.....	.....	.....	.....	.....
132	58	58	51	3.5	4.3	4.1	+ 14	− 3
142	202	128	99	5.2	4.6	5.6	+104	+ 90
155	749	658	388	4.8	5.5	4.6	+ 93	+101
177	10	5	9	7.0	3.0	5.5	+ 11	+141
Tot. N.Y.C. Locals	30,642	27,142	17,678	5.6	4.9	5.0	+ 73	+ 91
ILGWU Out-Town	158	200	114	4.5	3.5	3.2	+ 39	+ 93
Joint Board Dress	28	31	26	4.4	4.7	5.2	.....	.....
Joint Board Cloak	6	9	7	4.5	2.3	8.6	.....	.....
ILGWU Gen. Office	36	23	39	4.5	3.0	4.1	.....	.....
Non-ILGWU	399	637	1,664	5.4	5.4	4.9	.....	.....
Local Unknown	16	14	1	.....	.....	.....	.....	.....
Grand Total	31,285	28,056	19,529	5.5	4.9	5.0	+ 60	+ 77

Note: Applicants and Sick Benefit Office and District Certifications excluded from this table.

with accepted professional standards. Therefore the solution of this problem must be effected by developing a staff of medical eye specialists familiar with the special needs of the garment industry who will work together with Orthoptic specialists, Optometrists and Opticians.

Working Invalids

An impressive list of people with grave conditions have been enabled to continue working under Health Center medical supervision. Ability to keep a job has a most valuable effect on the morale of the individuals concerned and proves an economic benefit to the community as well as to the worker.

When a labor union sponsors a health service, illness or disability among the members becomes a matter of great concern to the union leaders.

Very few crafts in the garment industry require special vigor or strength in the performance of a skill. Large sections of this industry are manned by an aging population. Only recently have these workers enjoyed the benefits of good housing, adequate nourishment, or recreational facilities. Most of their working life has consisted of seasonal work involving long hours and a continuous drain on energy, interspersed by periods of unemployment accompanied by financial worry, insecurity and inadequate nutrition.

The development of chronic mental and physical disorders among such a group must be expected, and multiple ailments exist in a high percentage of the older garment workers. Our experience has been that almost every worker over 40 displays one or more—sometimes even four or five—conditions that periodically require some medical supervision. It is not surprising to find a large number of working invalids in this industry—people who must work of necessity, and want to work in order to keep occupied. Many apparently permanently disabling conditions do not seem to have interfered with the working ability of certain individuals, although it has adversely affected their earning capacity, due to loss of production time.

The most striking number of cases are the people who recover from tuberculosis. Many tubercular patients do very well

WAITING ROOM, ALLERGY CLINIC

in this industry, particularly if their condition is discovered at a time when it is amenable to treatment. The ILGWU provides some financial assistance and sanatorium care for members suffering from this disease and has instituted medical supervision of discharged sanatorium patients, proving the possibility of rehabilitation in this field.

The natural capacity of people to compensate for handicaps is particularly noticeable in workers with visual defects. Many garment workers have developed an amazing sense of touch to supplement their eyesight at their work.

Severe rheumatic and arthritic cases come regularly and seasonably to the institution. In many instances it is seen that workers with extensive deformities are still able to earn their livelihood.

Older men workers with heart disease return to their occupations in spite of suffering disabling attacks which prevents their working for three or four months.

Workers suffering from diabetes, from the tremors of Parkinson's syndrome and from menopausal complaints can work effectively in certain crafts of this industry, depending upon the special conditions of the craft and the shops in which they perform their duties.

HEALTH AND WELFARE PROGRAMS, JANUARY 1, 1947

LOCAL	Membership 1/1/47 189,710	Medical Credit Allowances in Dollars	SICK BENEFIT					HOSPITALIZATION		AWARDS IN DOLLARS			Eye Program Glasses Allowance (f)
			Maximum Weeks	Days in Waiting Period	Weekly Benefits in Dollars		Payments (e)	Amount Per Day in Dollars	Maximum No. of Days	Surgical Maximum	Maternity Maximum	Tuberculosis	
					Regular	Partial							
9.....	5,216	$25	10	3	$15	$7.50	1	$5	60	$50	.....	$300+ $15–10 wks.	$5 every 2 years
10–M...	7,663	25	10	3	15	7.50	1	5	60	50	.....	$300	Once in 2 years
10–C....		25	10	3	15	7.50	1	5	60	50	.....	$300+ $15–10 wks.	$5 every 2 years
20.....	2,153	Pending	12	3	10	5.00	1	3	30	50	.....	$250	.....
22.....	27,344	25	10	3	15	8.00	1	5	60	50	$50	$250	Once in 2 years‡
23–M...	5,584	15	12	1	15	7.50	1	5	60	50	.....	$300	.....
23–C....		25	10	3	15	7.50	1	5	60	50	.....	$300+ $15–10 wks.	$5 every 2 years
25.....	6,828	25	10	3	14	7.00	2	5	30	.....	.....	$250	.....
32 (a)..	5,000	25	13	3	12	6.00	2	3	30	50	.....	$300	$5
35–M...	3,383	25	10	3	15	7.50	1	5	60	50	.....	$300	.....
35–C....		25	10	3	15	7.50	1	5	60	50	.....	$300+ $15–10 wks.	$5 every 2 years
38–Old	1,699	.....	8	3	7	3.50	2	.....	.....	.....	.....	$20 travel+ $15–12 wks.	.....
38–New		25	13	0	15	7.50	2	5	31	50	50	$50 travel+ $300	$5 every 2 years
40.....	3,509	15	10	3	12	6.00	2	4	30	50	50	$250	$5
48.....	12,406	25	10	3	15	7.50	1	5	60	50	.....	$300+ $15–10 wks.	$5 every 2 years

60 (b)...	2,865	25	10	3	15	8.00	1	5	60	50	50	$250	Once in 2 years‡
62.....	16,649	20	12	0	12	6.00	2	3	30	.....	.....	$300	.....
64–M...	267	25	13	3	15	7.50	2	5	60	50	.....	.....	$8 once in 2 yrs.
64–C....		25	10	3	15	7.50	2	5	60	50	.....	$300+ $15–10 wks.	$5 every 2 years
66.....	9,130	25	15	0	15	.....	3	5	30	50	.....	$300	.....
82.....	889	25	10	3	15	7.50	1	5	60	50	.....	$300+ $15–10 wks.	$5
89.....	31,054	25	10	3	15	8.00	1	5	60	50	50	$250	Once in 2 years‡
91 (d)	10,901	25	15	3	10	.....	3	3	30	.....	.....	$200	.....
98.....	1,210	.....	13	3	8	4.00	2	3	21	50	.....	$150	.....
99.....	2,619	15	12	0	12	6.00	1	5	30	.....	.....	$200	Once in 2 years
102.....	958	25	10	3	15	6.00	1	5	60	50	50	$250	$5
105.....	4,726	25	12	3	13	6.00	2	4	30	50	.....	$200	Once in 2 years
117.....	9,306	25	10	3	15	7.50	1	5	60	50	.....	$300+ $15–10 wks.	$5 every 2 years
124.....	348	.....	10	3	10	5.00	2	.....	.....	.....	.....	.....	.....
132.....	1,071	.....	10	0	7	3.50	2	.....	.....	.....	.....	$150	.....
142.....	6,542	2 med. exams. per year	10	3	8	4.00	2	2	21	.....	.....	$150	.....
155.....	7,387	10	13	0	15	7.50	2	5	21	50	25	$300	.....

M—Members work in miscellaneous crafts. C—Members work in cloak industry.
(a) Convalescent benefits of $2 a day for 14 days. (b) Additional Sick Benefit Plan financed by membership.
(d) 4 week convalescent care at local's Convalescent Home; pays for medicine; has Visiting Nurse Service; 3-day waiting period before hospital benefits start.
(e) Explanation of Figures:
1 After regular and partial benefits for a specific condition have been paid, 1 year must intervene before regular benefits are paid again for same condition.
2 After regular and partial benefits for a specific condition have been paid, no further award for same condition.
3 Regular benefit at all times for all conditions.
(f) ‡Change of lens in alternate years.

SICKNESS INSURANCE PROGRAMS

The Center administers the medical aspects of the sickness insurance which distributes cash benefits to disabled members. When a member becomes ill and claims benefit, his disability is certified by a staff physician of the Center, either at the clinic, at home, or at the hospital. Occasionally a series of diagnostic tests or specialists' opinions are required to establish the cause of the illness. Cases requiring specialists' opinions represent a very small proportion of the sick benefit claims. A definite diagnosis avoids the possibility of an unjust decision and it is highly desirable that a diagnosis be established for every case.

It is the intent of the union to insure its members fully against the overburdening costs of sickness, and it is the policy of the medical administration of the sickness insurance fund to give the benefit of the doubt to the claimant—providing the claim is supported by some medical findings or substantiated by medical information. A wide range of possibilities occur in judging the causes of disability and constant review of the problems encountered has developed a definite, liberal policy to guide the physicians administering the insurance.

Sick Benefits

With the advent of prepaid insurance plans, weekly indemnities for sickness benefits were raised from the $7. weekly rate prevalent in 1943 to an average of $15. a week, although varying sums of $10., $12., and $13. a week were established by some locals. The duration for which benefits are paid annually

SICK BENEFIT CERTIFICATIONS, CLAIMS, CLAIM RATE 1942-1946

BASED ON MEDICAL RECORDS

LOCAL	Total Claims					Claim Rate (b)					Total Sick Benefit Certifications				
	1946	1945 (a)	1944	1943	1942	1946	1945	1944	1943	1942	1946	1945 (a)	1944	1943	1942
Total	15,261	11,881	7,371	6,593	6,071	10.1	9.0	5.7	5.0	5.9	31,122	24,652	16,196	14,311	13,993
10	96	.....	.....	.....	.....	1.3	.....	.....	.....	.....	163	.....	.....	.....	.....
20	156	.....	.....	.....	.....	7.3	.....	.....	.....	.....	219	.....	.....	.....	.....
22	3,901	3,115	1,572	1,522	1,572	15.2	12.3	6.1	5.9	6.6	7,772	6,035	3,170	3,073	3,214
23	490	351	217	148	95	10.3	9.3	5.8	4.9	4.9	1,028	795	163	310	187
25	668	458	273	210	195	11.3	8.7	5.5	4.9	8.9	1,200	926	531	430	428
32	448	269	250	302	258	11.1	7.3	6.5	7.0	8.7	837	494	452	525	514
35	451	357	138	137	142	14.5	11.7	4.6	4.6	4.7	997	792	303	292	357
38	124	64	49	46	54	9.1	5.0	3.9	3.6	5.4	213	77	66	75	92
40	242	124	109	111	110	9.8	5.9	4.2	4.0	6.0	433	219	198	216	217
60	413	344	200	165	158	14.9	12.2	7.0	5.3	4.6	833	650	409	345	390
62	1,582	1,356	816	801	652	11.1	9.8	5.5	5.3	7.7	3,171	2,906	1,739	1,638	1,250
64	9	6	.....	.....	.....	3.5	2.1	.....	.....	.....	14	10	.....	.....	.....
66	702	533	334	172	154	11.7	12.0	8.1	3.9	4.6	1,363	994	576	201	204
89	2,988	2,420	1,352	1,336	1,139	9.8	8.2	4.5	4.2	3.9	7,170	5,489	3,649	3,717	3,108
91	782	745	780	586	564	8.0	6.7	6.4	4.3	7.6	1,843	1,823	2,013	1,277	1,302
98	14	.....	.....	.....	.....	8.8	.....	.....	.....	.....	18	.....	.....	.....	.....
99	94	.....	.....	.....	.....	4.5	.....	.....	.....	.....	141	.....	.....	.....	.....
102	40	30	29	54	81	4.2	3.1	2.8	4.4	7.1	61	51	63	102	174
105	269	227	174	.....	.....	7.2	7.3	5.7	.....	.....	602	416	353	.....	.....
117	736	730	662	682	594	7.8	8.1	7.2	7.7	6.8	1,526	1,446	1,480	1,511	1,622
124	22	.....	.....	.....	.....	5.8	.....	.....	.....	.....	45	.....	.....	.....	.....
132	208	161	145	96	148	7.6	5.2	4.3	2.9	11.4	336	317	275	166	261
142	172	10	.....	.....	.....	3.5	2.3	.....	.....	.....	286	14	.....	.....	.....
155	651	579	271	225	158	11.1	10.8	5.0	5.1	5.4	1,121	1,176	456	403	373

Note: Locals 98 and 99 claim rate projected for full year. (a) 1945 claims include 2 out-of-town, and certifications include 20 local unknown, 2 out-of-town.
(b) Claim rate based on membership at the end of the previous year since claimants are not eligible for benefits until 6 months after they have become members.

AVERAGE NUMBER OF DISABILITY DAYS PER CLAIMANT

LOCAL	1946	1945	1944	1943
Average.....	42.3	43.0	42.3	39.7
10	35.7	.....	.....	.....
20	39.9	.....	.....	.....
22	41.6	41.3	44.3	42.9
23	41.1	44.9	34.8	33.1
25	32.5	41.1	38.6	36.9
32	39.0	39.6	34.9	32.0
35	42.6	45.2	41.6	36.0
38	36.5	37.8	34.7	32.3
40	31.7	32.9	34.2	33.3
60	39.8	41.0	35.1	31.9
62	36.0	39.3	40.3	37.3
64	27.9	45.6	.....	.....
66	36.1	36.9	30.8	.....
89	53.5	50.1	52.4	48.8
91	48.1	46.2	42.5	35.8
102	46.1	40.8	38.7	33.4
105	49.0	44.9	43.9	.....
117	51.6	44.1	44.5	44.9
124	41.8	.....	.....	.....
132	28.6	34.5	28.2	25.9
142	41.2	.....	.....	.....
155	31.3	39.4	30.9	29.4

Locals 98 and 99 not included because insufficient data was accumulated in 1946 after their health programs went into effect.

varies from 10 to 13 weeks in most cases, although a few locals extended the period to as many as 15 weeks of illness in any one year.

As more and more locals developed health programs, more and more members of the ILGWU came to enjoy the benefits of sickness insurance. Therefore the number of disability claims increased, since more previously ineligible members participated in the insurance plans. The removal of exclusion clauses from Health Fund Constitutions and By-laws influenced the claim rate. When the union established sickness insurance many years ago, a worker was examined upon admission to the union to ascertain the state of his health. He was eligible to the insurance benefits only if he were free from ailments which would be likely to cause disability and if he were less than 50 years of age. All eligibility restrictions were removed with the prepaid health plans and therefore members who are chronic invalids are now entitled to sickness insurance, which explains the rise in the claim rate.

Commercial insurance companies charge higher rates for health insurance for older people and for women. The workers in the garment industry would be considered poor risks by ordinary commercial standards. A high percentage of the men who work in the industry are in the older age groups. For example, a sample study was made of the members of one cloakmakers' local, 93% of whom are men, and it was found that their median age is 57.5 years. The section of the industry which works exclusively on dresses employs about 85% women, many in the older age groups. In the sick benefit plans which were previously sponsored by the locals of the ILGWU in New York, at very low rates, gynecological conditions (women's diseases) were excluded from sick benefit awards. When employer contributions for health programs went into effect, members suffering from these conditions became eligible for disability payments. All this of course tends to cause the claim rate to rise.

However, there has been very little fluctuation in the number of disability days experienced by the average claimant. As Table 8 shows, the average days for which sick benefit awards were paid remained much the same during the last few years.

SUMMARY OF HEALTH AND WELFARE PROGRAMS

December 31, 1946

SICK BENEFIT PROGRAMS
(19 different plans)

Waiting Period Days	Number of Weeks	Dollar Benefit		Number of Locals
		Regular	Partial	
0	13	$15.	$7.50	2
0	15	15.	.....	1
0	12	12.	6.00	2
0	10	7.	3.50	1
1	12	15.	7.50	1
3	10	15.	8.00	3
3	10	15.	7.50	10
3	13	15.	7.50	1
3	10	15.	6.00	1
3	10	14.	7.00	1
3	12	13.	6.00	1
3	13	12.	6.00	1
3	10	12.	6.00	1
3	12	10.	5.00	1
3	10	10.	5.00	1
3	15	10.	.....	1
3	13	8.	4.00	1
3	10	8.	4.00	1
3	8	7.	3.50	1

HOSPITALIZATION PROGRAMS
(8 different plans)

Dollars Per Day	Maximum Number of Days	Number of Locals
$5.	60	16
5.	31	1
5.	30	3
4.	30	2
5.	21	1
3.	30	4
3.	21	1
2.	21	1

CASH BENEFITS FOR:

Surgery

Up to $50 ..... 24 locals

Maternity

Up to $50 ..... 6 locals
Up to $25 ..... 1 local

Convalescence

$2 a day for 14 days ..... 1 local
4 weeks at Convalescent Home ..... 1 local

Tuberculosis (7 different plans)

$300 plus $15 for 10 weeks. 8 locals
$300 only award ..... 7 locals
$300 plus $50 expenses .... 1 local
$250 only award ..... 7 locals
$200 only award ..... 3 locals
$150 only award ..... 3 locals
$15 a week for 10 weeks plus $20 expenses ..... 1 local

Eyeglasses (5 different plans)

$5 towards glasses once every 2 years ..... 8 locals
$5 towards glasses ..... 4 locals
$8 towards glasses every 2 years ..... 1 local
Eyeglasses once every 2 years plus change of lenses in alternate years ..... 3 locals
Eyeglasses once every 2 years ..... 3 locals

Examinations

In 1946 15,261 sick benefit claimants received 31,422 examinations, an average of 2.05 check-ups for each person. 49.7%, or 15,623 examinations, were performed at the claimant's home, or in the hospital where he was confined, and 50.3%, 15,799 of the certifications, were done at the Union Health Center clinic.

Applicants

Originally, applicant examinations were an integral part of Union Health Center services. These examinations indicated which applicants for admission to the union had chronic ailments and which suffered from infectious diseases that might menace other workers in the industry.

At present the examination of applicants has been discontinued in many locals with health programs, and the number of examinations done a year has dropped appreciably. In 1943 a total of 17,435 applicants were examined but in 1946 the locals requested this service for only 3,034 new members.

Behind the policy of pre-employment examinations of applicants to the union was the intention to initiate workers into preventive and promotive health programs and to help them become acquainted with the medical facilities provided by their union. Physical examination of applicants as carried on in the past tends to give way to the more modern concept of routinely examining large groups of workers by laboratory methods, including hemoglobin, serological and urine examinations as well as chest x-ray.

Variety of Health Plans

Twenty-six local unions of the ILGWU in New York City had health and welfare programs for their members in 1946. Four of these locals had two plans in operation that year. The details varied in almost every instance. Some locals offered sick benefits immediately upon the onset of illness; others required a waiting period of three days before benefits started. Some paid benefits for a maximum of 10 weeks; others for 12 or 13 or 15 weeks in a year. Most of the locals offered hospital benefits. The per diem assistance varied from $2. to $5. and the maximum number of days a year for which hospitalization was paid varied from 21 to 60.

The amount of medical service allowance varied also, as did the indemnities for members suffering from tuberculosis. Surgical indemnities followed an identical pattern. Locals which offered eyeglasses to members varied the amounts of the benefit and the periods during which it would be available.

With so many different plans operating and a very large increase in demand for medical service and indemnities, the Center was obliged to work under a great deal of pressure. Combined with a serious shortage of space in which personnel could work, administration of the health plans became exceedingly difficult. The extent of the variation of health plan details may be seen in Table 6, which is based on the best available information.

Hospital Indemnities

Our records showed that the number of ILGWU members admitted to a hospital increased 65% between 1943 and 1946. Table 9 shows the number of members from each local hospitalized during these years. In every local which established hospital benefits, more members were hospitalized after the benefits went into effect than before any hospital expense assistance was available to them. This increase in the number of cases coincided in almost every instance with the establishment of a hospital insurance plan.

For example, some locals established hospital benefits in January 1945 and an evident increase in hospital cases occurred that year. On the other hand some of the other locals which had established hospital benefits previous to 1943, showed a relatively stable amount of hospital cases in each of the years reported.

The Center verified the medical aspect of each hospital admission, listing the diagnosis and the number of days the claimant spent at the institution. The local offices issued the payments due to the member involved.

Surgical Indemnities

Some of the locals which obtained employer contributions toward health and welfare programs for their members instituted surgical indemnities to help meet the added cost of illness.

HOSPITAL CASES

1943-1946

LOCAL	Number of Hospital Cases				Per cent Increase 1943–1946	Hospital Cases Per 1,000 Members			
	1946	1945	1944	1943		1946	1945	1944	1943
Total....	3,792	3,186	2,328	2,300	+ 65	25.6	24.1	18.3	19.5
10.....	42	.....	.....	.....	.....	5.5	.....	.....	.....
20.....	42	.....	.....	.....	.....	19.6	.....	.....	.....
22.....	965	863	505	534	+ 81	37.5	34.4	20.0	22.9
23.....	138	98	66	54	+156	29.6	25.9	17.4	19.7
25.....	125	117	90	82	+ 52	21.2	22.2	17.1	21.1
32.....	89	84	90	87	+ 2	22.0	22.7	24.3	22.3
35.....	152	80	45	49	+210	48.7	26.3	14.8	18.3
38.....	7	18	23	14	− 50	5.1	13.9	17.8	12.2
40.....	57	19	35	32	+ 78	22.9	9.1	16.7	12.6
60.....	125	114	73	61	+105	45.1	40.6	26.0	21.9
62.....	351	323	264	275	+ 28	24.7	23.3	19.0	20.2
64.....	4	2	.....	.....	.....	15.3	7.0	.....	.....
66.....	70	96	78	18	+289	11.6	21.7	17.6	4.4
89.....	941	846	501	549	+ 71	30.9	28.7	17.0	18.9
91.....	147	188	212	183	− 20	15.0	16.8	18.3	14.9
99.....	23	.....	.....	.....	.....	9.1	.....	.....	.....
102.....	.....	3	13	19	.....	.....	3.1	13.6	17.2
105.....	68	51	60	.....	.....	18.2	16.4	19.3	.....
117.....	266	127	181	247	+ 8	28.3	14.0	19.9	31.0
132.....	.....	32	31	28	.....	.....	10.3	10.0	9.2
142.....	40	.....	.....	.....	.....	8.1	.....	.....	.....
155.....	140	125	61	68	+106	23.9	23.4	11.4	17.1

Based on Medical Records

CORNER SECTION OF PHARMACY

A maximum sum of $50. was paid for major operations, with varying smaller amounts for less serious surgical procedures. The Center corroborated the claims for this indemnity by medical examination of the claimant and a verification that the operation had been performed.

Maternity Indemnities

Since 85% of ILGWU members are women, the policy of establishing maternity benefits represented a step forward toward the attainment of more complete medical insurance.

The locals which first instituted maternity benefits had a membership predominantly of women of child-bearing age and this phase of the health insurance program elicited immediate response. The usual cash indemnity paid upon the birth of a child to a female member of the union was $50., although one union limited the indemnity amount to $25.

Convalescent Care Indemnities

Only one local maintains a home in which members who require a period of convalescence after illness may recuperate. The home was established in 1945 on a quiet country estate.

The union found it feasible to operate the home under the supervision of a registered nurse with a nearby doctor on call. This benefit is offered for four weeks in any one year to the members of this particular local.

Another local offers a small cash indemnity of $2. a day for 14 days to assist its members in obtaining convalescent care after illness.

Adequate recuperation after illness is as important to a working population as assistance in preventing and treating illnesses.

Tuberculosis Indemnities

Tuberculosis has been a major concern since the establishment of the Union Health Center. The union realizes that tuberculosis workers need to have definite economic as well as medical help to fight this disease, and it has also made certain from the very beginning of its program that the ex-patient-member would be able to resume work in the industry after the disease was arrested. Therefore all locals support sanatoria to which ILGWU members may secure admission. In place of sanatorium care, indemnity payments ranging from $150. to $350. are paid.

PHOTO FLUOROGRAPHIC CHEST SURVEY

The program also includes the supervision of tuberculosis workers after the disease is arrested and they are permitted to return to work subject to periodic medical supervision.

The number of cases of active tuberculosis discovered among garment workers depends upon:

1. The number of health programs in operation,
2. The methods of case finding applied,
3. The working activity and economic conditions of the industry,
4. The opportunity to x-ray sick benefit claimants,
5. The opportunity to improve the quality of medical examinations.

If patients at the Center and all sickness insurance claimants are x-rayed routinely, tuberculosis can be controlled to a great extent. Therefore when collective bargaining obtained employer contributions to health programs, funds were provided for a more thorough and complete tuberculosis program than the industry was able to undertake previously.

However, in 1943 and 1944 during the period of greatest war-production activity in the industry, when earnings reached their highest point in history, workers were unwilling to miss the high earnings and continuous work. They refused to take time off to guard their health, and the number of tuberculosis cases discovered reached the lowest level in the ten year period, a level which was not indicative of the amount of tuberculosis actually in the industry. The following table shows that more tuberculosis cases were found in 1945 and 1946 when more survey work was done.

TUBERCULOSIS BENEFIT CASES 1942-1946

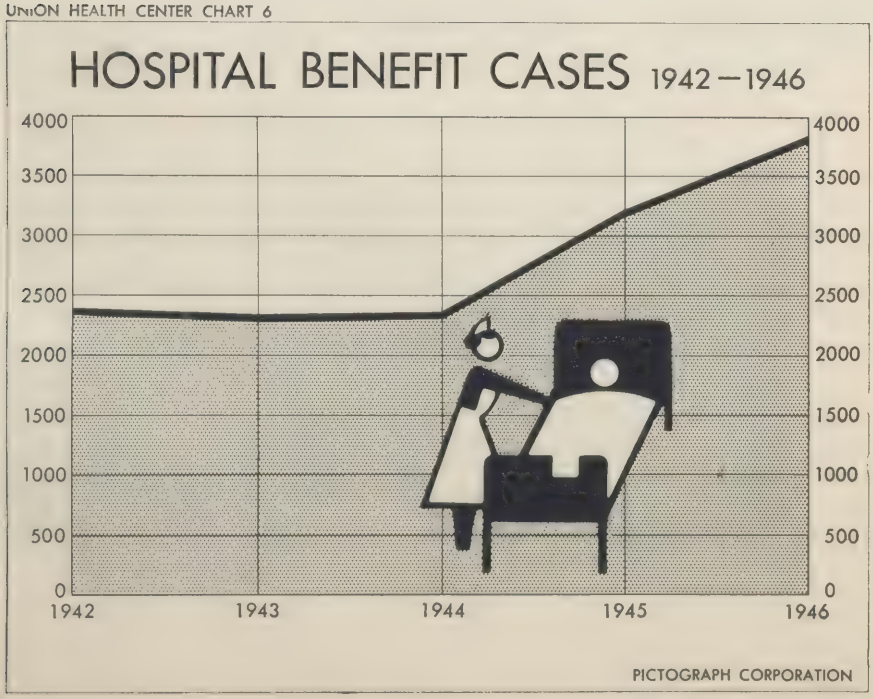
1946	1945	1944	1942	1943	Five Year Total
41	32	23	27	27	150

The details of the tuberculosis benefits offered by the different locals may be seen in Table 6.

The best method of finding unsuspected tuberculosis cases among union members is through a survey of the entire membership at regular intervals. In this way cases with minimum lesions, hitherto rarely uncovered by former case-finding methods, can be brought under treatment. Recognition of the presence of the disease before the patient presents clinical symptoms insures an earlier and more certain cure, a minimum loss of time from work, and a protection to others.

During 1945 and 1946 several locals evidenced interest in having their members undergo a chest x-ray examination and a start was made toward periodic surveys of all workers in the industry. A mass chest x-ray machine which is capable of doing hundreds of x-rays daily has been installed. Facilities are now available for speedy and efficient routine check-ups of workers. It is hoped that this service will be utilized periodically throughout the industry.

UNION HEALTH CENTER CHART 6



Eyesight Care

The year 1945 witnessed the inauguration of special benefits for eye care. The Union Health Center sponsored an industrial eyesight survey in order to aid the individual worker as well as to evaluate visual requirements for industrial efficiency.

Under the plans outlined for the survey, a screening unit was to be set up in the factories and tests were to be given during working hours. Workers found to have defective vision were to receive a thorough eye examination by an Ophthalmologist at the Union Health Center. The specialist's examination would determine whether the worker screened needed eye or medical service, and upon this specialist's recommendations, prescription for eyeglasses, instructions or advice, or medical treatment would be given. Sub-normal vision would be corrected by providing eyeglasses. Muscle imbalance, infections, or diseases such as glaucoma, cataracts, or diabetes which affect vision, would either be treated at the Center or referred elsewhere for the required service for the more serious conditions. Minor surgical procedure found necessary would be performed at the Center. Periodic eye examinations were to be furnished every two years.

A screening instrument was selected to survey in the shops the vision of garment workers whose work primarily must be done at short distance. The testing team could assemble the workers to be surveyed, complete the testing process, and have the workers returned to their tasks with an interruption of only 10 minutes in each worker's manufacturing process, providing no language difficulties were encountered.

A sample testing of 1704 workers of varying ages proved that 51% needed some vision correction, 17% more had vision adequate for their specific tasks but needed correction of vision for distance or for some other visual factor. Only 32% of the workers tested had adequate eyesight in accordance with temporary standards established.

The survey, in conjunction with the eye care benefits offered by the locals, stimulated interest in eye examinations among the union members, and an avalanche of would-be eye patients descended upon the Center and swamped its examining rooms. A capacity of 1500 eye examinations a month was even-

tually achieved and it was possible to dispense 850 eyeglasses monthly, ground according to the high professional standards established. However, the number of patients requesting service kept well ahead of the number of eye examinations which could be performed and appointments had to be made weeks in advance. Therefore further testing was postponed in order to take care of patients needing immediate attention.

Nevertheless the survey work yielded some valuable data for use by Center physicians in helping garment workers obtain correct eyeglasses to wear at the job. The survey emphasized a

fact that Center Ophthalmologists have long known: that eyeglasses for workers at machines have to be adjusted to fit the working distance the machine imposes. For example, a tall woman would have to bend down to her work, a short woman would have to lean back from her work, and a stout woman might have to hold her head at an unnatural angle when all three were required to operate identical machines. If the eye doctor did not understand the working distance at which the worker had to guide her material through the machine, he might not be able to prescribe the correct eyeglasses to enable her to see her work most easily. Incorrect eyeglasses would cause a worker who must hold her eyes only a few inches from her work for long hours to finish the day feeling considerably distressed.

Incidences of muscle imbalance become higher in people over 40, particularly machine operators who work for hours at short distance with fixed gaze. If eyeglasses for such workers are not prescribed by an Ophthalmologist who knows the working conditions, serious difficulties may be created.

The understandable desire on the part of the patient to see his work better has often led to his securing over-correction in glasses which ultimately results in ocular fatigue. People whose working distance approaches within one inch or two from their reading distance may be overcorrected for one function and undercorrected for the other.

Workers do not realize that spectacles in themselves are not the entire answer to their personal eye-care problem. Nor do they realize that although spectacles have been properly prescribed for reading distance and skillfully manufactured of first quality materials, they are not adequate if they have not been adapted to the worker's particular working distance or industrial requirements. Eyeglasses indiscriminately prescribed may be a menace to a worker's eyesight and a handicap to his future industrial ability.

The Center's eye clinic integrates the eye problem of the patient with the other medical problems that often accompany visual difficulties. Its purpose is to reduce visual handicaps to a minimum for the benefit of the individual worker, and at the same time, for industrial efficiency.

FINANCIAL REPORT

The cost of operation of the Union Health Center rose from $379,697.17 in 1945 to $497.615.67 in 1946. This parallels the increase from 164,636 to 207,886 services to members. The character of the medical services now utilized by the membership of the ILGWU is no longer primarily a low cost type. With the inauguration of prepayment plans the patients benefit from costly and complex medical procedures.

SUMMARIZED FINANCIAL REPORT—1946

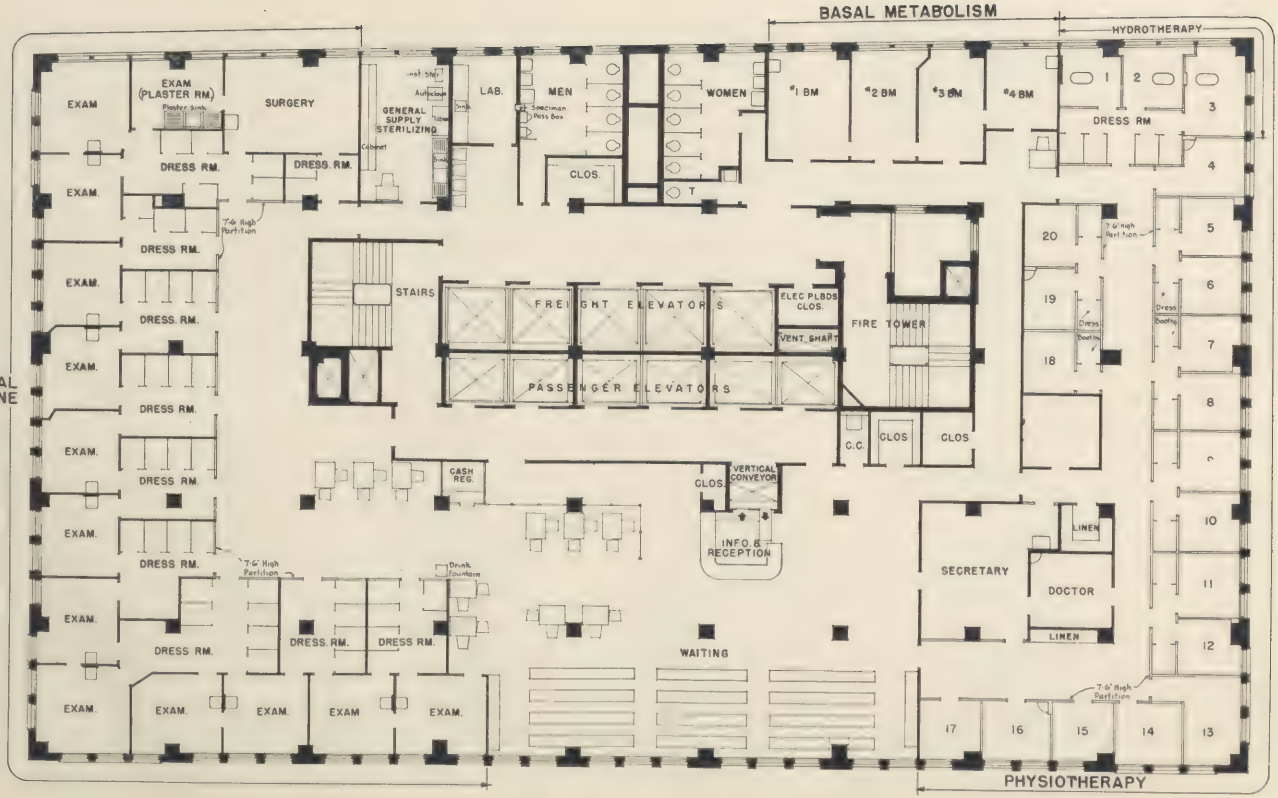
Operative Income	*Amount*
Pharmacy	$48,004.31
Optical Dept.	40,467.25
Applicant Fees	3,026.00
Sick Benefit Fees	69,864.50
Medical Service	219,715.05
Local Union Contribution	56,437.09
	$437,514.20

Running Expenses	
Drugs	$25,666.72
Optical Materials	19,767.23
Medical Supplies	18,471.89
Office Expenses	20,774.06
Rent & Maintenance	5,584.78
Lay, Technical & Nursing Staff	217,057.01
Medical Staff	190,293.98
	$497,615.67**

**Deficit paid by the ILGWU general office

SOURCES OF INCOME IN PERCENTAGES

	Patients	*Locals*	*I.L.G.W.U.*	*Misc.*
1946	23.3%	55.8%	20.8%	0.1%
1945	27.5%	45.6%	24.8%	2.1%
1944	53.5%	29.7%	16.2%	0.6%
1943	52.9%	30.8%	16.1%	0.2%
1942	50.5%	36.4%	12.6%	0.5%



23RD FLOOR PLAN

0 2 4 6 8 10 12 14 15 18 20 FEET

UNION HEALTH CENTER

275 - 7TH AVENUE N.Y. 1 N.Y.

CHARLES BUTLER
ROBERT D. KOHN
ADDISON ERDMAN
ARCHITECTS ASSOCIATED

EXPANSION PROGRAM

When collective bargaining provided funds for prepaid medical service for a large percentage of ILGWU members, plans for expansion of the Center to provide this care were difficult to complete until eventual needs were established. On the other hand, the extent of expansion could not be envisioned until the space which would be made available was determined.

After months of experiments and adjustments, 5 floors and 5 stores were decided upon to house the expanded services of the Center.

1. *Lobby.* Three stores have been thrown into one large unit containing the Pharmacy, the Allergy Clinic and an Information Service. Modern architecture, glass walls with green trim, air conditioning, and fluorescent lighting provide a functionally attractive unit and efficient working space.

Two more stores on the opposite side of the lobby will be used for mass chest x-ray services for ILGWU members. A mobile photo-fluorographic x-ray is available for this purpose and the unit is well designed to x-ray large numbers of union members periodically.

2. *22nd floor.* The enlarged sick benefit department offices and examining rooms, it is hoped, will ultimately be installed here, releasing space on the 24th floor for medical work. In addition the Nutrition Department and a conference room will be available here.

3. *23rd floor.* As may be seen in the architect's drawing, the north side of this floor will contain 14 general medical examining rooms, including a surgery, an orthopedic cast room, a gynecological section and reception space. A Central Supply Room and a supplementary laboratory will be adjacent. On the south side of this floor the Physical Therapy department will be

housed. This unit consists of 20 treatment rooms, a general reception room, a doctor's examining room, and an office for the department.

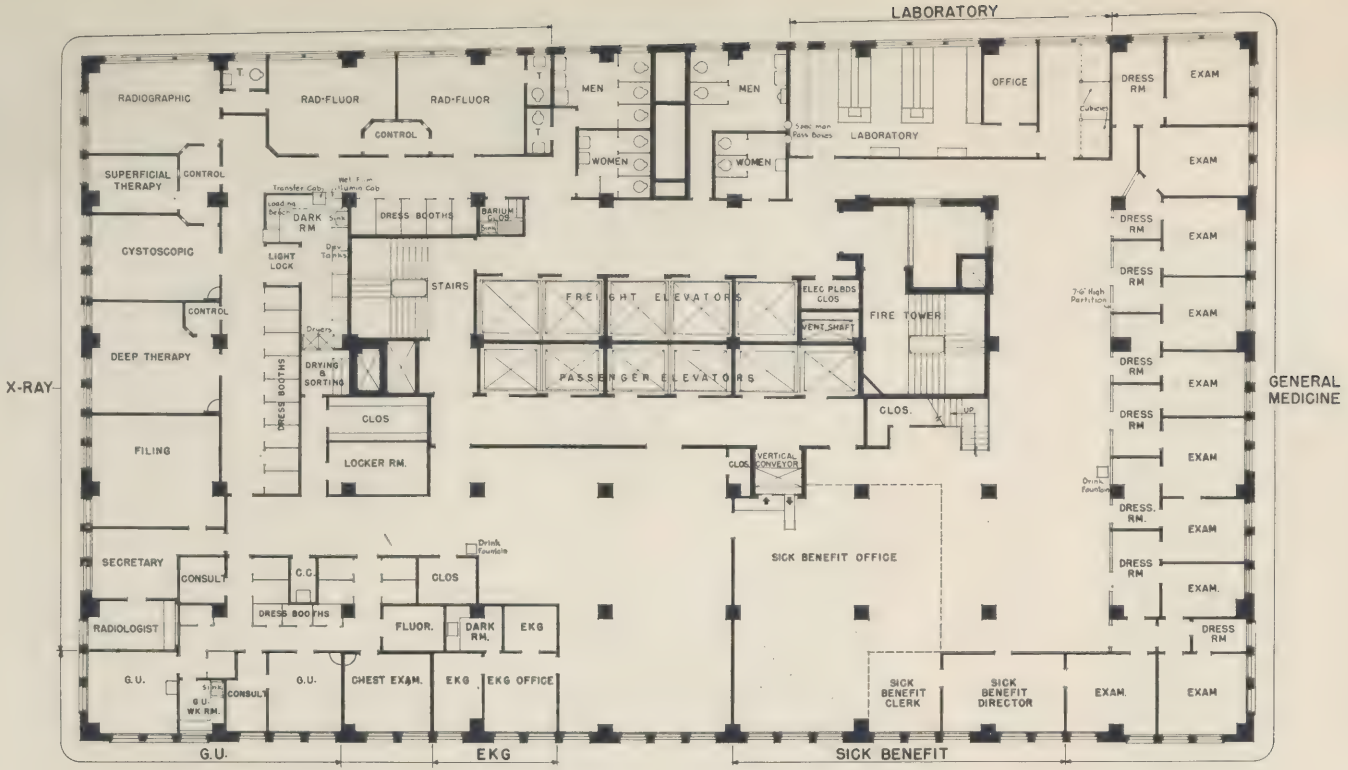
4. *24th floor.* The north half of this floor will contain the X-ray department and the Chest and Urology clinics. Three x-ray diagnostic rooms, deep therapy and superficial therapy rooms, will be provided. The dark room will have a capacity of 500 films daily. The Roentgenologist's office, plus a general office for the x-ray department and an x-ray filing room, will be in this section. The Electrocardiograph department will contain two instruments in separate rooms and an office. The Urology clinic will contain consulation and examining rooms, a special room for cystoscopies, and a room for x-ray procedures.

The Main Laboratory will be found on the south side of this floor, while auxiliary laboratories are placed on each floor where medical work is performed to avoid cross traffic.

At present the south side of the 24th floor also contains the Sick Benefit department, with the Sick Benefit chief doctor's office and a large office for Sick Benefit clerks. Ten examining rooms for sick benefit claimants with 9 dressing rooms complete the department. This space could be easily converted to medical work if the Sick Benefit department were transferred to the 22nd floor.

5. *25th floor.* The 25th floor will be renovated to provide space for the Eye clinic, the Ear, Nose and Throat clinic, and the maintenance department. Seven eye examining rooms, an orthoptic room and an eye department office will be housed here. Two examining rooms for the Ear, Nose and Throat department plus general examining rooms and maintenance space will be found on this floor.

6. *26th floor.* Administrative offices, record room, appointment room, and the telephone control section will be found here. The director's office, offices for his administrative assistants, an enlarged statistical department, a library, the superintendent's office, an office for the supervisor of nurses, the accounting department and the medical stenographic department are to be located here.



24TH FLOOR PLAN

0 2 4 6 8 10 12 14 16 18 20 FEET

UNION HEALTH CENTER

275 - 7TH AVENUE N.Y. I N.Y

CHARLES BUTLER
ROBERT D KOHN
ADDISON ERDMAN
ARCHITECTS ASSOCIATED

HEALTH EDUCATION IN ACTION

By Pauline M. Newman, *Educational Director*

Much has been written, in recent years, concerning the importance of health education. There has also been a great deal of talk about intensifying the campaign for good health and how to achieve it. Much money has been spent by public and private agencies trying to teach people how to preserve and care for health. All interested persons concede, however, that thus far health education has only scratched the surface of the subject. The tons of literature which have been printed and distributed by various health agencies have doubtless served a purpose. But much more needs to be done. Pamphlets alone will not do it; an occasional lecture will not do it. Frankly, there is need for a new approach to health education: new plans to supplement with action the written and spoken word.

That is exactly what the Union Health Center has been doing throughout its 34 years of existence. Health education is a primary function of Union Health Center services, and this educational program has taken root in the minds of many ILGWU members. Today the question of health is the first order of business on the agenda for many local unions. Where in years past few if any workers paid attention to a co-worker who coughed or had a skin condition, today they refuse to work with him unless the Union Health Center certifies that the illness is not contagious! Years of painstaking effort to bring the message of good health to ILGWU members has made a lasting impression upon them.

HEALTH DISCUSSION

Perhaps this has been accomplished because our lectures, our discussions, our radio talks, our literature and our health films are accompanied by periodic health examinations, by chest x-ray surveys, by eyesight conservation programs, by nutritional instruction, and by many other preventive measures. The Union Health Center provides not only the "ounce of prevention" but the "pound of cure" as well. Opportunity for consulting a physician has been an integral part of its health education program. Experience has convinced Center workers that health education without provision for frequent physical check-ups remains well-intentioned but ineffectual. Health education needs the vitality that comes from close association with a medical care program.

The Union Health Center recognizes the fact that as long as insufficient income stands as a barrier between hundreds of thousands of people and adequate medical care, so long will health education fall short of its mission. Bad housing, poor clothing and inadequate diet are detriments to health which must be dealt with. Future plans for better health educational programs are in the making; the Center is not content to end its pioneering efforts. Aided by the interest and concern of the whole International Ladies' Garment Workers' Union the educational program will forge ahead in the tradition and spirit of the ILGWU whose health and welfare programs are, in reality, health education in action.

ABCO PRESS, Inc. 46 Printed in U.S.A.